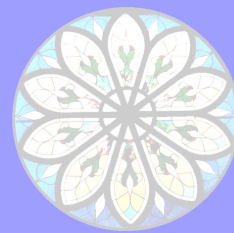


YOUTH INITIATIVE HIGH SCHOOL

500 E. Jefferson St. Viroqua, WI 54665 608-637-6445 www.yihs.net



Application for Re-enrollment

Student	Student name	School year		
	Gender	Applying for grade (circle) 10 11 12		
	Date of birth			
	Student email address	Student cell phone number		
	<input type="checkbox"/> No email	<input type="checkbox"/> No cell phone		
	School District of residence	Is bus service requested?		
	Student lives with (please circle all that apply) mother father dual households other _____			
Household	Parent(s)/guardian(s)			
	Additional household members/age/relationship to student			
	Address			
	Home phone	Cell phone		
	Work phone	Other phone (please indicate)		
	Email(s)			
	Please indicate any information you would like withheld from the school directories			
Household	Parent(s)/guardian(s)			
	Additional household members/age/relationship to student			
	Address			
	Home phone	Cell phone		
	Work phone	Other phone (please indicate)		
	Email(s)			
	Please indicate any information you would like withheld from the school directories			
» Who should receive information and academic updates for this student?				

I hereby give permission for my son/daughter to participate in field trips and off-campus school related activities. I hereby give my consent for emergency medical care or treatment if I cannot be reached.

I commit to work with the Faculty and Administration of the school to assist my student in meeting his/her commitment to respect and abide by the school's policies and guidelines described in the Vision and Purpose Statement of the YIHS. I have read and I understand the commitment that I am making to sharing the responsibility for the life of the school.

**Parent/Guardian
Signature**

Date

The Youth Initiative High School admits students of any race, gender, color, national and ethnic origin to all the rights, privileges, programs, and activities generally accorded or made available to students at the school. It does not discriminate on the basis of race, gender, color, national and ethnic origin in administration of its educational policies, admissions policies, scholarship and loan programs, and other school-administered programs.

Health & Medical Information

Local emergency contact outside the household

Name

Address

City/state

Home phone

Cell/work phone

Relationship to applicant

Health care provider information

Clinic

Primary care provider

Address

City/state

Phone

Health Information

Does your child take any medications on a regular basis? (please list).

Does your child have any allergies, including insect stings?

Has your child ever had seizures?

Please indicate any medications your child can be given in case of a minor injury or headache

☐ Homeopathic remedy

☐ Tylenol

☐ Ibuprofen

☐ Other (please indicate) _____

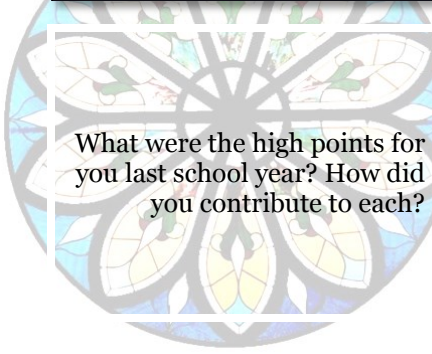
Does your child have any other health or medical conditions we should be aware of?

I hereby give my consent for **EMERGENCY MEDICAL CARE OR TREATMENT** to be used if parent(s)/guardian(s) cannot be reached immediately:

**Parent/Guardian
Signature**

Date

YIHS Returning Parent Feedback



What were the high points for you last school year? How did you contribute to each?

What made these moments significant?

What were the low points for you last school year? How did you contribute to each?

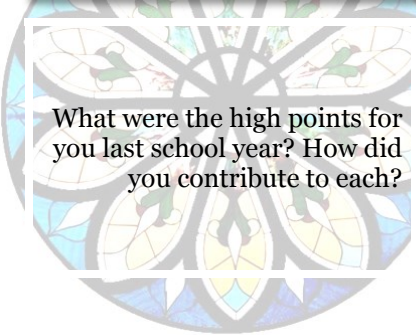
What made these moments significant?

What is the single best thing your school can do for you next year?

What is the single best thing you can do for your school next year?

"Our highest endeavor must be to develop free human beings who are able of themselves to impart purpose and direction to their lives." - Rudolf Steiner

Returning Student Feedback



What were the high points for you last school year? How did you contribute to each?

What made these moments significant?

What were the low points for you last school year? How did you contribute to each?

What made these moments significant?

What is the single best thing your school can do for you next year?

What is the single best thing you can do for your school next year?

Are you interested in any of the following sports? What other sports would you like to play?

☐ American Football (boys)

☐ Track & Field

OTHER

☐ Soccer

☐ Basketball

☐ _____

☐ Volleyball (girls)

☐ Ice Hockey

☐ _____

I want to return to Youth Initiative High School. I commit to abide by the policies, standards, and guidelines set forth in the Youth Initiative High School's handbook and choose to work with the faculty, staff, and greater school community to the best of my ability.

**Student
Signature**

Date

*Signature required for re-enrollment

Student Immunization Update

DEPARTMENT OF HEALTH SERVICES
Division of Public Health
F-04020L (Rev. 07/12)

STATE OF WISCONSIN
252.04 and 120.12 (16) Wis. Stats.

STUDENT IMMUNIZATION RECORD

INSTRUCTIONS TO PARENT: COMPLETE AND RETURN TO SCHOOL WITHIN 30 DAYS AFTER ADMISSION. State law requires all public and private school students to present written evidence of immunization against certain diseases **within 30 school days of admission**. The current age/grade specific requirements are available from schools and local health departments. These requirements can be waived only if a properly signed health, religious, or personal conviction waiver is filed with the school. The purpose of this form is to measure compliance with the law and will be used for that reason only. If you have questions on immunizations or how to complete this form, contact your child's school or local health department.

PERSONAL DATA		PLEASE PRINT				
Step 1	Student's Name	Birthdate (Mo/Day/Yr)	Gender	School	Grade	School Year
	Name of Parent/Guardian/Legal Custodian	Address (Street, City, State, Zip)			Telephone Number ()	

IMMUNIZATION HISTORY					
List the MONTH, DAY AND YEAR your child received each of the following immunizations. DO NOT USE A (✓) OR (X) except to answer the question about chickenpox, Tdap or Td. If you do not have an immunization record for this student at home, contact your doctor or public health department to obtain it.					
TYPE OF VACCINE*	FIRST DOSE Mo/Day/Yr	SECOND DOSE Mo/Day/Yr	THIRD DOSE Mo/Day/Yr	FOURTH DOSE Mo/Day/Yr	FIFTH DOSE Mo/Day/Yr
DTaP/DTP/DT/Td (Diphtheria, Tetanus, Pertussis)					
Adolescent booster (Check appropriate box) <input type="checkbox"/> Tdap <input type="checkbox"/> Td					
Polio					
Hepatitis B					
MMR (Measles, Mumps, Rubella)					
Varicella (Chickenpox) Vaccine Vaccine is required only if your child has not had chickenpox disease. See below.					
Has your child had Varicella (chickenpox) disease? Check the appropriate box And provide the year if known: <input type="checkbox"/> YES _____ year (Vaccine not required) <input type="checkbox"/> NO or Unsure (Vaccine required)					

REQUIREMENTS	
Step 3	Refer to the age/grade level requirements for the current school year to determine if this student meets the requirements.

COMPLIANCE DATA	
Step 4	STUDENT MEETS ALL REQUIREMENTS Sign at Step 5 and return this form to school. _____ Or STUDENT DOES NOT MEET ALL REQUIREMENTS Check the appropriate box below, sign at Step 5, and return this form to school. PLEASE NOTE THAT INCOMPLETELY IMMUNIZED STUDENTS MAY BE EXCLUDED FROM SCHOOL IF AN OUTBREAK OF ONE OF THESE DISEASES OCCURS. <input type="checkbox"/> Although my child has NOT received ALL required doses of vaccine, the FIRST DOSE(S) has/have been received. I understand that the SECOND DOSE(S) must be received by the 90th school day after admission to school this year, and that the THIRD DOSE(S) and FOURTH DOSE(S) if required must be received by the 30th school day next year. I also understand that it is my responsibility to notify the school in writing each time my child receives a dose of required vaccine. NOTE: Failure to stay on schedule and notify the school may result in court action and a fine of up to \$25.00 per day of violation. WAIVERS (List in Step 2 above, the date(s) of any immunizations your child has already received) <input type="checkbox"/> For health reasons this student should not receive the following immunizations _____ _____ SIGNATURE - Physician Date Signed _____ <input type="checkbox"/> For religious reasons this student should not be immunized. <input type="checkbox"/> For personal conviction reasons this student should not be immunized. _____ LIST VACCINE(S) WAIVED

SIGNATURE	
Step 5	This form is complete and accurate to the best of my knowledge. Check one: (I do <input type="checkbox"/> I do not <input type="checkbox"/>) give permission to share my child's current immunization records and as they are updated in the future with the Wisconsin Immunization Registry (WIR). I understand that I may revoke this consent at any time by sending written notification to the school district. Following the date of revocation, the school district will provide no new records or updates to the WIR. _____ SIGNATURE - Parent/Guardian/Legal Custodian or Adult Student Date Signed _____

Parent Volunteer Service Pledge

Please commit to at least two Clean-Up Days and one choice in each section per family.

CLEAN-UP DAYS

Name

Name

Back-to-School Clean-Up

Fall Clean-Up

Winter Clean-Up

Spring Clean-Up

End-of-Year Clean-Up

COMMITTEES

Administrative Group

Curriculum Committee

Development Committee

Facilities Committee

Finance Committee

Long Range Planning Committee

Parent Fundraising Committee

Peace Committee

Personnel Committee

Sports Committee

EVENTS

Art Nights (one per trimester)

Camping Trip (late August)

Fair Booths: Kickapoo, Vernon County

Highway Clean-up

Holiday Faire

Mother's Day Brunch

Panel Discussion

Parent/Teacher Conference Support

Service Week Organization/Support

Spring Play Concessions/Support

Valentine's Dinner

ONGOING OPPORTUNITIES

Chaperone On-Site Events (dances, etc.)

Chaperone Field Trips

Class Parent

Facilities Work

IT Assistance

Kaleidoscope mailings

Kwik Trip Scrip Coordinator

Laundry

Library Upkeep (work with Student Librarian)

Office Assistance

Transportation (# of passengers____)

True Botanica Coordinator

YIHS Committee Descriptions

Administrative Group, in coordination with the Faculty, Student, Parent and Development committees, processes issues concerning the day to day administration of the school and sets the school calendar. The AG keeps abreast of pertinent issues concerning the student body, facilities, equipment needs, discipline issues, etc. The Cleaning Commissioners, Webmaster, Admissions Group and Peace Committee report to the Administrative Group. Reports to the Board.

The **Board of Trustees** carries the legal and fiscal responsibilities for the school. The Board comprises 11 members: two parents, two students and two faculty members, each elected by their respective committees. Four of the remaining members will be chosen in a general election at the May semi-annual meeting, one will be appointed by the Board to serve a one-year term. At least 6 Trustees must be members of the corporation.

Faculty includes all current year teachers as named officially by the Faculty Committee to the Board. Faculty will guide the school's shared spiritual, intellectual, and cultural life. The Faculty will manage curriculum structure and development, and assist the Administrative Group with the schedule of school events. The Faculty Chairperson will coordinate closely with the Board on development of school policies, significant Faculty issues, and other initiatives. The Faculty Committee will determine its own meeting frequency, agenda, rules of order, and governance.

Personnel conducts the hiring and evaluation of teaching Staff and consists of two parents, three students, two faculty, one community member and one Administrator. Students, parents and faculty are elected by their respective peers.

Curriculum Committee reviews, assesses, and plans the school's curriculum on both a long term and yearly basis. It includes Parent, Student, and Faculty representation and makes recommendations to the Faculty. Reports to the Faculty.

Development Committee looks at short and long range goals for fundraising events and solicitations. Assists in planning. Evaluates fundraising activities and makes recommendations. Fundraising ideas should be brought to the attention of the committee. DevCom issues a fundraising event calendar and helps to coordinate the overall fundraising awareness including: website management and content as it relates to PR, YIHS publications and press

releases, individual and business community solicitations, and awareness of the general image of the school and its members in the community. Reports to the Board.

Facilities Committee The Facilities committee has the task of evaluating the present school facilities and the prospect of finding a permanent home for YIHS through existing buildings or building new. Reports to the Board.

Finance Committee

The Finance Committee works closely with the school's financial administrator. Tasks include budget planning, payroll and benefits, tuition, pledge meetings with parents and general awareness of the financial health of the school. Reports to the Board.

Long Range Planning Committee looks at issues relating to vision and planning for the school, including facilities and relations with other organizations. Reports to the Board.

Parent Committee includes all parents and official guardians of currently enrolled Students. Parent responsibilities include fundraising activities, long-range planning with Board and Faculty, staffing for school functions where possible, organizing study groups, and special training. The Parent Committee will also organize its own agendas and governance.

The **Peace Committee's** goals are to support the Conflict Resolution Group by engaging in preventative medicine for social health through quiet, focused meditation and the practice of non-violent communication skills. Ideally, this group includes representation from Faculty, Student and Parent Bodies. Reports to the Administrative Group.

The **Sports Committee** investigates options for sports at YIHS, develops relationships with other schools regarding our participation in sports programs, and develops our own teams where possible. Reports to the Board.

The **Student Committee** includes all currently enrolled students of YIHS. Students will designate special representatives to coordinate with the Faculty and Administration on policy development. Students will be responsible for fundraising activities coordinated with the Board and Parents. The Student Committee will organize its own meetings, agendas and governance in accordance with the purpose and by-laws of the school.

Development & Fundraising Information

The role of Development and Parent Fundraising is integral to the financial success of the school. Because we are committed to making this education available to everyone, we rely on our greater community to support the financial gap between parent pledges and operating expenses.

We have developed a *Matching Gift Campaign* through which businesses and individuals match a percentage of the money our students fundraise each year. Do you know of any organizations or foundations that may be interested in partnering with our students in this way? Please list below.

Name of business or organization	Contact information

Help us network! Please list contact information, including email addresses, of relatives and friends who may be interested in the school's outreach communications.
If there is special information we should share with them, please let us know!

Example:

Thomas & Eileen Olson
 123 Easy Going Lane
 Boca Raton, FL 33333

welovegolf@hotmail.com

Grandpa likes photography.

Re-enrollment Checklist

Please make sure all sections are completed with signature and date

	Student & Household Information
	Parent Questionnaire
	Student Questionnaire
	Parent Volunteer Service Pledge
	Emergency Contact Information
	Health & Medical Information
	Immunization Form
	Financial Pledge Form
	Re-enrollment Fee

Important Date & Fee Schedule

♥ Before February 14th:	\$150	Re-enrollment fee
♥ After February 14th:	\$300	Re-enrollment fee

All portions of the Application and Re-enrollment Checklist **MUST** be complete in order to qualify for the February 14th Early Bird Discount!

